ATTORNEY OR PARTY WITHOUT ATTORNEY (I	Name, state bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO.:		
ATTORNEY FOR (Name): SUPERIOR COURT OF CAL COUNTY COURTHOUSE, 220 W FAMILY COURT BUILDING, 155 MADGE BRADLEY BUILDING, 1000 NORTH COUNTY DIVISION, 250 E SOUTH COUNTY DIVISION, 500 B SOUTH COUNTY DIVISION, 500 B	LIFORNIA, COUNTY OF SAN DI V. BROADWAY, SAN DIEGO, CA 92101 5 6TH AVE., SAN DIEGO, CA 92101-32: 1409 4TH AVE., SAN DIEGO, CA 92101- 5 S. MELROSE DR., VISTA, CA 92083-6 E. MAIN ST., EL CAJON, CA 92020-3941 3 3RD AVE., CHULA VISTA, CA 91910-5	PEGO -3814 94 -3105 6651 1 5649	
PETITIONER(S)			Hearing Date:
RESPONDENT(S)			Time:
	D REQUEST FOR HEARING or Court Rules, Division V, Rul	e 5.45)	CASE NUMBER
	ATTORNEY CER	TIFICATION:	
☐ I certify that I am familiar with read for the following reasons:	n the local rules regarding the pre	e-reading of files a	nd that this matter is appropriate for a pre-
	sychological evaluation report, Fa y the Court prior to hearing the n		es recommendation or similar lengthy repor
☐ Other:			
,, ,	is request and has also identified	d appropriate docu	iments to be pre-read.
Date:	(Signature)		
Notice Given to Opposing Co	ounsel Date:	Time:	
PRIMARY ISSUE TO BE LITION IDENTIFICATION):	SATED AT THE HEARING. (SE	T FORTH WITH	SPECIFICITY RATHER THAN GENERIC
DATE MATTER TO BE LITIGA	ATED WAS FILED:		-
For Clerk's Use Only:			